Crown Insurance

Crown Insurance
P.O. Box 33 1248
Takapuna
Auckland 0740

User Name		Date of Birth / /
Contact person		
Postal address		
Telephone No.	Hm.	Bus.	Mob.
Email		

| Date of loss | / /   am/pm | Where the loss occurred | |

Product description		Serial No.
Please tick as applicable		
The item stopped working ( ) or		
For damage, attach photos ( ) and		
Were the police notified Y/N (If Yes please attach Police Acknowledgement Form)		
Please Note: When an item has been stolen this **must** be reported to the police and a Police Acknowledgement form is required		

Describe what happened leading up to the loss or damage	
Detail any other insurance relating to this loss	
Name any other person involved	

Declaration/ Privacy Act 1993 / Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct. I/We

(a) agree to give any further information that may be required;

(b) understand you require this personal information , which will be retained by you at 1/61 Hurstmere Road Takapuna before you can evaluate my/our claim;

(c) authorise the disclosure of this personal information regarding this claim to other relevant parties;

(d) authorise the obtaining by you from any other party personal information about me/us that is in your view relevant to this claim;

(e) authorise the obtaining by you from Insurance Claims Register Limited (ICR Ltd), which holds details of claims made by me/us under policies with other insurers, personal information about me/us that is in your view relevant to this claim;

(f) authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect;

(g) understand that I am/we are entitled to have certain rights to access to and correction of the personal information held by you and ICR Ltd.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being declined.

Date   /   /

Signature of the policyholder(s) (If the policy is in joint names, both signatures are required)